

09/978360

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PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

56. US4.CIP

CLAIMS AS FILED - PART I

FOR	NUMBER FILED (Column 1)	NUMBER EXTRA (Column 2)
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	14 minus 20 =	0
INDEPENDENT CLAIMS (37 CFR 1.16(d))	2 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(e))		

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
	\$			\$ 740
x \$		OR	x \$ 18	0
x		OR	x 84	0
+		OR	+ 280	280
TOTAL		OR	TOTAL	1,020.00

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	CLAIMS REMAINING AFTER AMENDMENT (Column 1)		HIGHEST NUMBER PREVIOUSLY PAID FOR (Column 2)	PRESENT EXTRA (Column 3)
Total (37 CFR 1.16(c))	* 11	Minus	** 20	=
Independent (37 CFR 1.16(d))	* 1	Minus	*** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(e))				

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
x \$		OR	x \$	
x		OR	x	
+		OR	+	
TOTAL		OR	TOTAL	
ADDIT. FEE		OR	ADDIT. FEE	

	CLAIMS REMAINING AFTER AMENDMENT (Column 1)		HIGHEST NUMBER PREVIOUSLY PAID FOR (Column 2)	PRESENT EXTRA (Column 3)
12/29/05 Total (37 CFR 1.16(c))	* 12	Minus	** 20	= 8
Independent (37 CFR 1.16(d))	* 2	Minus	*** 3	= 5
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(e))				

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
x \$		OR	x \$	
x		OR	x	
+		OR	+	
TOTAL		OR	TOTAL	
ADDIT. FEE		OR	ADDIT. FEE	

	CLAIMS REMAINING AFTER AMENDMENT (Column 1)		HIGHEST NUMBER PREVIOUSLY PAID FOR (Column 2)	PRESENT EXTRA (Column 3)
Total (37 CFR 1.16(c))	*	Minus	**	=
Independent (37 CFR 1.16(d))	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(e))				

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
x \$		OR	x \$	
x		OR	x	
+		OR	+	
TOTAL		OR	TOTAL	
ADDIT. FEE		OR	ADDIT. FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.